Dear Lara,

Welcome to the July issue of the TSBDE newsletter! We are employing some new communication channels to keep our licensees informed. We will send you a newsletter approximately 4 times a year with important information including proposed and adopted changes to laws and rules as well as tips to keep you in compliance with them. We will be using our Facebook page to update you in between newsletters. We hope that you will find the information useful.

May Board Meeting Update

Dental Hygienists' Use of Lasers

On May 29, 2015, the Board voted to adopt amendments to rule 115.2, concerning the permitted duties of a dental hygienist. The focus of these amendments was to provide specific requirements for the use of lasers by dental hygienists. Staff drafted the rule amendments after holding several stakeholder meetings concerning the use of lasers by hygienists.

The rule provides that hygienists may use lasers in the practice of dental hygiene under the direct supervision of a dentist so long as they do not perform any procedure that is irreversible or involves the intentional cutting of soft or hard tissue. A hygienist's use of lasers must be in accordance with the minimum standard of care and limited to the hygienist's scope of practice.

The rule sets out the continuing education requirements needed in order for a hygienist to use a laser. A hygienist must take 12 hours of in-person continuing education in laser utilization specific to the procedures to be performed by the hygienist using the laser. For instance, if a hygienist is using a laser as adjunctive treatment to scaling and root planing, the hygienist must obtain continuing education specific to that treatment. The 12 hours of continuing education must also include 3 hours of clinical simulation laser training similar to the procedures to be performed by the hygienist. The continuing education courses must be provided by a Board-approved provider. A dentist who supervises a hygienist in the use of lasers must obtain equivalent training.
Hygienists and dentists do not need to submit proof of continuing education to the Board but should be able to provide proof of completion upon request. Continuing education taken prior to the adoption of this rule will fulfill the continuing education requirement of the rule so long as it complies with the requirements set out in section (b)(1).

Click here for the full rule language. The amendments to the rule went into effect on June 23, 2015.

Proposed Fee Changes

Fee changes for current licensees and new applicants will be proposed and possibly adopted by the Board before the end of 2015. These changes could affect annual renewal fees and initial licensure fees. Some of these changes come as a result of the 84th Legislative Session. More details on the proposal and adoption of a new Fee Schedule and the effective date of any fee changes will be published on the Texas Secretary of State Texas Register Website and/or the TSBDE website before the end of the year.

Thoughts on Record Keeping

From the Office of the Dental Director - Dr. Bell

We all wrote perfect progress notes at some point, and our last perfect patient progress note might just be back at our dental school alma mater. After graduation, I'm betting your documentation began evolving rather quickly, I know mine did. See below for a quick refresher on TSBDE required documentation, the details of which reside in sections (a), (b), and (c) of TSBDE rule 108.8. The latter part of that rule, sections (d), (e), and (f), explains who owns the records, how to transfer that ownership, and when/how to provide records to your patients upon their request. Those sections will not be covered in this summary. The bolded items below represent the most missed/neglected areas of submitted records.

108.8(a) defines what constitutes a dental record, pretty simple. Rule 108.8(b) tells us dental records must be kept for a minimum of 5 years, and goes on to say that even if you don't render any services for the patient, you still must document the four items below:
(1) Patient's name.
(2) Date of visit.
(3) Reason for visit.
(4) Vital signs. If the patient is over age 12***, yes vital signs are required at EVERY visit whether you treat the patient or not. Who knew? If you do not obtain the patient's vital signs, you must indicate why you did not include them. ***There are some treatment scenarios in which it would be below the standard of care not to take vital signs on a patient who is less than 12.

If you do render services, then rule 108.8(c) tells us what additional documentation is needed.
(1) Written review of the patient's medical history.
(2) Findings and charting of clinical and radiographic oral examination.
(3) Diagnosis(es).
(4) Treatment plan, recommendation, and options. **Yes, options.** According to this rule there should be at least one alternate treatment plan, even if it's just, "No treatment." Make sure the patient is aware of the documented alternate treatment options.
(5) Treatment provided.
(6) Medication and dosages given to patient during the appointment (local anesthetic, premed, sedation meds, etc.).
(7) Complications must be documented.
(8) Written informed consent (see rule 108.7(6)).
(9) Documentation of any prescription medicine dispensed, administered, or prescribed.
(10) You must maintain drug records in accordance to the Texas Controlled Substances Act.
(11) Confirmable ID of provider dentist, and confirmable identification of the person making the entry if different from the provider dentist. Make sure someone outside of your office could confirm the ID of provider. A code such as DDS 003 does not tell us who treated the patient, unless the key is provided.
(12) When any of the items above (1-11) are NOT included, you must document why those items are not included.

As you can see from the summary above, a note that reads, "03-03-2015 Lido. Crown prep #4. NV:Seat crown," does not meet the standard. A little more time documenting could pay off significantly if your treatment of a patient is ever questioned.

As a disclaimer, I am not an attorney and I most certainly am not your attorney, so please do not consider this legal advice.